ARIZONA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS Registered No. STANDARD CERTIFICATE OF BIRTH 1. PLACE OF BIRTH District or Towns (If birth occurred in a hospital or institution, give its NAME instead of street and number) If child is not yet named, make supplemental report, as directed. 2. Full name of child 6. Legitimate? 4. Twin, triplet or other. 7. Date To be answered ONLY 3. Sex of Child of birth Month Day in event of plural 5. No., in order of birth. MOTHER 14. 6 FATHER Full maiden name Full name 15 Residence (Usual place of abode) 9. Residence (Usual place of abode) If non-resident, give place and state. If non-resident, give place and state. 16 Color or race 10. Color or race 17. Age at last birthday. Willan 11. Age at last birthday... 18. Birthplace (city or place) 0 12. Birthplace (city or place) KICA (State or country) (State or country) 19. Occupation 13. Occupation Nature of industry Nature of industry 21. Were precautions taken against oph-(a) Born alive and now living. thalmia neonatorum 20. Number of children of this mother... (b) Born alive but now dead. (Taken as of time of birth of child herein certified and including this child.) (c) Stillborn. CERTIFICATE OF ATTEMPING PHYSICIAN OR MIDWIFE date above stated I hereby certify that I attended the birth of this child, who was (Born alive * When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. Signature (Physician or midwife). Given name added from a supplemental report Month, day, year Registrar

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